



## **Zoning Text Amendment Application**

### **Applicant's Information**

Applicant's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Email \_\_\_\_\_

### **Amendment Information**

UDO Section(s) Involved \_\_\_\_\_

Reason for Text Amendment:

\_\_\_\_\_  
\_\_\_\_\_

Proposed Text Amendment: (Attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Notes:**

1. If text amendment is granted, the applicant agrees to pay the Town the current Zoning Text Amendment Fee plus the cost of advertising and adjacent property owner notification for the text amendment public hearing.

Owner/Developer Signature \_\_\_\_\_

Date \_\_\_\_\_